

REQUISITION FORM FOR OTHER INTITUTION

राष्ट्रीय पादप जीनोम अनुसंधान संस्थान
National Institute of Plant Genome Research
CENTRAL INSTRUMENT FACILITY
(Confocal Microscope Facility)
(TCS-SP-5X)

Date of Indent _____

Name of the Indentor :

Concerned Faculty/Scientist :

Department/Institute & Address/Contact No.:

Proposed date and time :

Slot-1	Slot-2	Slot-3	Slot-4
10:00-11:30	11:30-13:00	14:00-15:30	15:30-17:00

Specification: Protocol :

(Dye with Excitation, Emission,)

Experiment/Sample details :

(Tissue type, Specie & Thickness)

(I/We take the responsibility to pay user charges as per norms of facility/institute)

(Signature of the Indentor)

Date:

***(Scientist/Faculty with Stamp)**

Date:

User charges & mode of payment:

Deposit amountDate.....Detail.....

(FOR FACILITY USE ONLY)

Tentative Date :

Date of work done :

No. of Slide done :

Report given on :

Slot-1	Slot-2	Slot-3	Slot-4
10:00-11:30	11:30-13:00	14:00-15:30	15:30-17:00

(Technical Staff)

(Facility In-charge)

**I/We (Indenter User/Faculty Signatory) undertake to abide the safety and sample preparation guidelines and precautions during testing of my samples. I/We shall not claim for any damage/harm to my samples submitted for the confocal microscopic analysis. I/We shall acknowledge the confocal facility of NIPGR in published journals and also inform confocal facility about the publications which acknowledge the use of confocal microscope facility. The Facility shall not take any responsibility for the analysis, interpretation and publication of data acquired using equipment at facility.*

Note: Samples should be pre-checked with the fluorescence microscope. Preferably, 170 micrometres (0.17mm) or less thick cover slip/glass should be used. Cover slip should be properly sealed with nail paint/equivalent to ensure the objective lenses are not spoiled.